

EXHIBIT

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MASTER WEINSTEIN MOYER, P.C.

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Attorney for Plaintiff

DELISCIA MCCANN	SUPERIOR COURT OF NEW JERSEY LAW DIVISION, CAMDEN COUNTY
Plaintiff,	
v.	CIVIL ACTION
WALMART, INC., ET AL	DOCKET NO. CAM-L-0556-22
Defendants.	

APPENDIX II. – INTERROGATORY FORMS

Form A. Uniform Interrogatories to be Answered by Plaintiff in All Personal

Injury Cases (Except Medical Malpractice Cases): Superior Court

All questions must be answered unless the Court otherwise orders or unless a claim for privilege or protective Order is made in accordance with *R. 4:17-1(b)(3)*.

1. Full name, present address and date of birth, Social Security number and Medicare number, if applicable. If Medicare number is applicable, attach a copy of Medicare card.

ANSWER: Deliscia McCann, DOB: 08/02/1966, SSN: [REDACTED]

2. Describe in detail your version of the accident or occurrence setting forth the date, location, time and weather.

ANSWER: I slipped and fell on wet substance while shopping in Walmart.

3. Detailed description of nature, extent and duration of any and all injuries.

ANSWER: I sustained injuries to my cervical and lumbar spines. Please see my medical records supplied in response to Defendant's request for Production of documents.

4. Detailed description of injury or condition claimed to be permanent together with all present complaints.

ANSWER: Disk and nerve injuries to my neck and back. Please see my medical records supplied in response to Defendant's request for Production of documents.

5. If confined to a hospital, state its name and address, and dates of admission and discharge.

ANSWER: I was not confined to a hospital. Please see my medical records supplied in response to Defendant's request for Production of documents.

6. If any diagnostic tests were performed, state the type of test performed, name and address of place where performed, date each test was performed and what each test disclosed. Attach a copy of the test results.

ANSWER: Please see my medical records supplied in response to Defendant's request for Production of documents.

7. If treated by any health care provider, state the name and present address of each health care provider, the dates and places where treatments were received and the date of last treatment. Attach true copies of all written reports provided to you by any such health care provider whom you propose to have testify in your behalf.

ANSWER: Please see my medical records supplied in response to Defendant's request for Production of documents.

8. If still being treated, the name and address of each doctor or health care provider rendering treatment, where and how often treatment is received and the nature of the treatment.

ANSWER: N/A.

9. If a previous injury, disease, illness or condition is claimed to have been aggravated, accelerated or exacerbated, specify in detail the nature of each and the name and present address of each health care provider, if any, who ever provided treatment for the condition.

ANSWER: Prior to my March 15, 2020 injuries, I did sustain injuries to my lumbar spine in a 2017 motor vehicle collision. Please see my previous medical records supplied in response to Defendant's request for Production of documents.

10. If employed at the time of the accident, state:

(a) name and address of employer; **ANSWER: Clarion Hotel & Suites – 1111 NJ 73, Mt. Laurel, NJ 08054**

(b) position held and nature of work performed; **ANSWER: Night Auditor/Front Desk Manager.**

(c) average weekly wages for past year; **ANSWER: \$520.00**

(d) period of time lost from employment, giving dates, and; **ANSWER: N/A.**

(e) amount of wages lost, if any. **ANSWER: N/A.**

11. If there has been a return to employment or occupation, state:

ANSWER: N/A.

- a. name and address of present employer;
- b. position held and nature of work performed; and
- c. present weekly wages, earning, income or profit.

12. If other loss of income, profit or earnings is claimed:

ANSWER: N/A.

- a. State total amount of the loss;
- b. Give a complete detailed computation of the loss; and
- c. State the nature and source of the loss of income, profit and earnings, and the dates of the deprivation.

13. Itemize in complete detail any and all monies expended or expenses incurred for

hospitals, doctors, nurses, diagnostic tests or health care providers, x-rays, medicines, care and appliances and state the name and address of each payee and the amount paid and owed each payee.

ANSWER: Please see my Schedule of Medical Treatment and Expenses supplied in response to Defendant's request for Production of documents.

14. Itemize any and all other losses or expenses incurred and otherwise set forth.

ANSWER: ANSWER: Please see my Schedule of Medical Treatment and Expenses supplied in response to Defendant's request for Production of documents.

15. Identify all documents that may relate to this action, and attach copies of each such document.

ANSWER: Please see documentation supplied in response to Defendant's request for Production of documents.

16. State the names and addresses of all eye witnesses to the accident or occurrence, their relationship to you and their interest in this lawsuit.

ANSWER: N/A.

17. State the names and addresses of all persons who have knowledge of any facts relating to this case.

ANSWER: My attorney and his support staff, any and all of my treating medical providers and the Walmart personnel that I reported my injury.

18. If any photographs, videotapes, audio tapes or other forms of electronic recording, sketches, reproductions, charts or maps were made with respect to anything that is relevant to the subject matter of the complaint, describe: (a) the number of each;(b) what each shows or contains; (c) the date taken or made; (d) the names and addresses of the persons who made them; (e) in whose possession they are at present; and (f) if in your possession, attach a copy, or if not subject to convenient copying, state the location where inspection and copying may take place.

ANSWER: Please see the photographs supplied in response to Defendant's request for Production of documents.

19. if you claim that the Defendant made any admissions as to the subject matter of this lawsuit, state: (a) the date made; (b) the name of the person by whom made; (c) the name and address of the person to whom made; (d) where made; (e) the name and address of each person at the time the admission was made; (f) the contents of the admission; and (g) if in writing, attach a copy.

ANSWER: None.

20. If you or your representative and the Defendant have had any oral communication concerning the subject matter of this lawsuit, state: (a) the date of the communication; (b) the name and address of each participant; (c) the name and address of each person present at the time of such communication; (d) where such communication took place; and (e) a summary of what was said by each party participating in the communication.

ANSWER: None.

21. If you have obtained a statement from any person not a party to this action, state: (a) the name and present address of the person who gave the statement; (b) whether the statement was oral or in writing and if in writing, attach a copy; (c) the date the statement was obtained; (d) if such statement was oral, whether a recording was made, and if so, the nature of the recording and the name and present address of the person who has custody of it; (e) if the statement is written, whether it was signed by the person making it; (f) the name and address of the person who obtained the statement; and (g) if the statement was oral, a detailed summary of its contents.

ANSWER: None.

22. If you claim that the violation of any statute, rule, regulation or ordinance is a factor in this litigation, state the exact title and section.

ANSWER: Walmart has numerous policies, procedures, and work rules concerning safety sweeps and fall prevention. It is believed that one or more of these safety rules may have been violated. Discovery is ongoing and continuing.

23. State the names and addresses of any and all proposed expert witnesses. Set forth in detail the qualification of each expert named and attach a copy of each expert's current resume. Also attach true copies of all written reports provided to you by any such proposed expert witnesses.

- i. With respect to all expert witnesses, including treating physicians, who are expected to testify at trial and with respect to any person who has conducted an examination pursuant to Rule 4:19, who may testify, state each such witness's name, address, and area of expertise and attach a true copy of all written reports provided to you.
- ii. State the subject matter on which your experts are expected to testify.
- iii. State the substance of the facts and opinions to which your experts are expected to testify and a summary of the grounds for each opinion.

ANSWER: Experts will be supplied when determined.

24. State whether you have ever been convicted of a crime. YES () or NO (**X**).

If the answer is "yes", state: (a) date; (b) place; and (c) nature.